

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual's	CHAPTER 100.1
Address: 1521 Ala Iolani Place, Honolulu, Hawaii 96819	Inspection Date: September 5, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 & SCG #2 - No documentation of Primary Care Giver (PCG) training available for review during annual inspection.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected the deficiency by finding the documentation of Primary Care Giver training in the shelf which was not available for review during annual inspection. Enclosed is the PCG annual training.</i></p>	<p><i>9/06/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 & SCG #2 - No documentation of Primary Care Giver (PCG) training available for review during annual inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I made the Care Giver Checklist that lists all required annual clearances and I will check the list periodically to make sure clearances are up to date.</i></p>	<p><i>12/11/2017</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1-</p> <ul style="list-style-type: none"> • "Mupirocin ointment BID to wound until clear" ordered 9/18/18: <ol style="list-style-type: none"> 1. MAR reads "Mupirocin apply to wound TID PRN 6A, 12P, 6P", initialed as given TID from 9/18/18 to 8/31/19. • "Hydroxyzine 25mg 1 tid prn" ordered 9/18/19. <ol style="list-style-type: none"> 2. MAR does not indicate "PRN" for the months of 9/2018, 11/2018, 12/2018, 1/2019, 2/2019. Initialed as given continuously TID for the month on 9/2018 to 3/19/2019 and from 4/2019 to current. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Man has been updated to reflect current orders.</i></p>	<p><i>12/11/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1-</p> <ul style="list-style-type: none"> • “Mupirocin ointment BID to wound until clear” ordered 9/18/18: <ol style="list-style-type: none"> 1. MAR reads “Mupirocin apply to wound TID PRN 6A, 12P, 6P”, initialed as given TID from 9/18/18 to 8/31/19. • “Hydroxyzine 25mg 1 tid prn” ordered 9/18/19. <ol style="list-style-type: none"> 2. MAR does not indicate “PRN” for the months of 9/2018, 11/2018, 12/2018, 1/2019, 2/2019. Initialed as given continuously TID for the month on 9/2018 to 3/19/2019 and from 4/2019 to current. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that it will not happen again, PCG will check the checklist each time resident goes to an appointment to her doctor.</i></p>	<p><i>12/11/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 -</p> <ul style="list-style-type: none"> Progress notes do not include resident's reaction to the Mupirocin ointment ordered for wound "until cleared". No documentation of observations of resident's "wound" over time and so does not effectively justify the need to continue ointment continuously since 9/2018. Per PCG wound has not cleared and so requires continuous use. No documentation of follow up with physician regarding circumstances surrounding this. "Hydroxyzine 25mg 1 tid prn for itchiness" ordered 9/18/18, however, progress notes do not describe resident being itchy or requiring continuous use of PRN medication tid or addressing this issue with physician. <p>Part 1 continued on next page...</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected the deficiency by adding in the progress notes the reaction of the mupirocin ointment. No documentation for follow up from physician but PCG calls for refill and they call the pharmacy for refill.</i></p> <p><i>— PCG added in the progress notes the scratching behavior of resident that even if the other part healed already, she'll scratch another part of her body, so the physician gives the refill for the resident.</i></p>	<p>9/10/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Part 1 continued from previous page...</p> <ul style="list-style-type: none"> Physician note on 7/19/19 reads "discussed continuing moving patient every two hours during sleep and in wheelchair to prevent ulcers". Progress notes do not address resident's need for these services. Per PCG, resident does not require turning at night and uses wheelchair only for transport when outside of care home. <ul style="list-style-type: none"> <u>Please have physician clarify instructions regarding need for turning.</u> 	<p>PCG already clarified with the Physician as enclosed. in this</p>	<p>12/2/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 -</p> <ul style="list-style-type: none"> Progress notes do not include resident's reaction to the Mupirocin ointment ordered for wound "until cleared". No documentation of observations of resident's "wound" over time and so does not effectively justify the need to continue ointment continuously since 9/2018. Per PCG wound has not cleared and so requires continuous use. No documentation of follow up with physician regarding circumstances surrounding this. "Hydroxyzine 25mg 1 tid prn for itchiness" ordered 9/18/18, however, progress notes do not describe resident being itchy or requiring continuous use of PRN medication tid or addressing this issue with physician. <p>Part 2 continued on next page...</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that it will not happen again, I taped a note to the inside of my progress note tab that lists all the main points to be included in my progress notes and I will refer to this note while writing progress notes.</i></p>	<p><i>10/11/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Part 2 continued from previous page...</p> <ul style="list-style-type: none"> Physician note on 7/19/19 reads "discussed continuing moving patient every two hours during sleep and in wheelchair to prevent ulcers". Progress notes do not address resident's need for these services. Per PCG, resident does not require turning at night and uses wheelchair only for transport when outside of care home. <ul style="list-style-type: none"> <u>Please have physician clarify instructions regarding need for turning.</u> 		<p>07/19/19 11:00 AM</p> <p>07/19/19 11:00 AM</p> <p>07/19/19 11:00 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1-</p> <ul style="list-style-type: none"> • "Mupirocin ointment BID to wound until clear" ordered 9/18/18. MAR reads "Mupirocin apply to wound TID PRN 6A, 12P, 6P", initialed as given TID from 9/18/18 to 8/31/19. White out used to strike out 12P dose after initialed as given for the months of 1/2019 to 8/2019. • Red and blue pen in use on a few occasions on MAR • White stickers used as correction tape on 6/29/19 Physician's order 	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG corrected the deficiency by changing the whole medication record so the white out used is not seen already</p> <p>- PCG marked the red & blue used(?) already so PCG will not be using already.</p> <p>PCG marked the correction tape and put also a (?) question mark to show not to be used anymore.</p>	<p align="right">9/06/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1-</p> <ul style="list-style-type: none"> • "Mupirocin ointment BID to wound until clear" ordered 9/18/18. MAR reads "Mupirocin apply to wound TID PRN 6A, 12P, 6P", initialed as given TID from 9/18/18 to 8/31/19. White out used to strike out 12P dose after initialed as given for the months of 1/2019 to 8/2019. • Red and blue pen in use on a few occasions on MAR • White stickers used as correction tape on 6/29/19 Physician's order 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that it will not happen again, PCG will review the deficiencies she had before to be reminded and ask help from Substitute Care Giver to check every thing so it will not happen again.</i></p>	<p>19.001-9 01.23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Current OHCA N2 form (Level of Care evaluation) incomplete. Please have physician complete form to indicate total number of level points, date, and sign.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG corrected the deficiency by going back to the physicians and have them complete the forms to indicate total number of level points, date and sign as seen on the enclosed papers.</p>	<p>10/04/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Current OHCA N2 form (Level of Care evaluation) incomplete. Please have physician complete form to indicate total number of level points, date, and sign.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>To ensure that it doesn't happen again PCG added an item to my MD appointment checklist to ensure forms are complete before leaving the doctor's office.</i> </p>	<p style="text-align: right;">12/11/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Electronic signaling system required when caregivers do not reside on same floor as care home residents.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected the deficiency by buying signaling devices for residents use at the bedside, in bathrooms, toilet rooms and in the living room.</i></p>	<p><i>11/20/2019</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u></p> <p>"Self preservation" means the ability of an ARCH or expanded ARCH resident to ambulate <u>without physical assistance</u>, and the ability of the resident to follow directions and take appropriate action in exiting an ARCH or expanded ARCH in the event of an emergency.</p> <p>"Ambulatory" means able to walk without human assistance.</p> <p>Part 1 continued on next page...</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"> <i>I corrected the deficiency by going to Dr. de Leon to change the Self-Preservation Statement for one resident who is visually impaired who is not ambulatory (enclosed)</i> </p>	<p align="center"><i>12/02/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Part 1 continued from previous page...</p> <p>Resident #1 – Self-preservation statement indicates that resident is self-preserving. PCG reports resident needs to be taken by the hand and guided outside during fire drills due to resident's visual impairment. Please have self-preservation statement updated to reflect resident's need for human assistance in relation to resident's ability to navigate to the area of refuge in the event of an emergency.</p> <p>Resident #2 – Self-preservation statement indicates resident is non-self preserving. PCG reports resident is self-preserving and participates independently during fire drills. Please have self-preservation statement re-evaluated by physician. Current statement reflects resident is non-self-preserving.</p>	<p>Res. # 1 - Isabella Kelepolo Self preservation - enclosed</p> <p>Res. # 2 - Linda Hiramatsu — self preservation enclosed</p>	<p>10-04-2019</p> <p>10/04/2019</p> <p>19 OCT -9 PM 24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u></p> <p>"Self preservation" means the ability of an ARCH or expanded ARCH resident to ambulate <u>without physical assistance</u>, and the ability of the resident to follow directions and take appropriate action in exiting an ARCH or expanded ARCH in the event of an emergency.</p> <p>"Ambulatory" means able to walk without human assistance.</p> <p>Part 1 continued on next page...</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that it doesn't happen again IPCG added an item to my MD appointment checklist to ensure forms are complete before leaving the doctor's office.</i></p>	<p><i>12/11/2019</i></p> <p>03:11 11 JUN 61.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Part 1 continued from previous page...</p> <p>Resident #1 – Self-preservation statement indicates that resident is self-preserving. PCG reports resident needs to be taken by the hand and guided outside during fire drills due to resident's visual impairment. Please have self-preservation statement updated to reflect resident's need for human assistance in relation to resident's ability to navigate to the area of refuge in the event of an emergency.</p> <p>Resident #2 – Self-preservation statement indicates resident is non-self preserving. PCG reports resident is self-preserving and participates independently during fire drills. Please have self-preservation statement re-evaluated by physician. Current statement reflects resident is non-self-preserving.</p>		<p>02 JAN 11 030 6L</p>

Licensee's/Administrator's Signature: Trina P. Pascual

Print Name: TRINA P. PASCUAL

Date: October 7, 2019

Licensee's/Administrator's Signature: Trina P. Pascual

Print Name: TRINA P. PASCUAL

Date: December 03, 2019

Licensee's/Administrator's Signature: Trina P. Pascual

Print Name: TRINA P. PASCUAL

Date: December 11, 2019